



Bwrdd Iechyd Prifysgol  
Aneurin Bevan  
University Health Board



## NOMINATION FORM FOR PRIMARY CARE CLUSTER COMMUNITY PHARMACY LEAD

**NAME**

---

**GPhC REG NUMBER**

---

**NAME OF PHARMACY**

---

**PHARMACY ADDRESS**

---

**PRIMARY CARE CLUSTER**

---

**NOMINATION SUPPORTED BY:** (All nominations must be supported by at least 2 other pharmacies in the cluster – please provide contact name (pharmacist/ technician) and pharmacy location – *N.B. these may be contacted by the LHB to confirm nomination*)

1.

2.

**Please describe how you believe your skills and experience prepare you for this role**

## Candidates Personal Statement

**I confirm I am working regularly (at least 2 days/ week) at the pharmacy stated above**

**I confirm that I have the approval of my employer to apply for this role**

**Signed \_\_\_\_\_ date \_\_\_/ \_\_\_/ \_\_\_\_**

**Please return form by 31 January 2021 to \*\*\*\*\***

*Following this date if there is only one candidate in the cluster they will be appointed to the role – (subject to them to meeting all required criteria).*

*If there is more than one candidate then the information provided in this form will be shared with all pharmacies in the cluster for the pharmacies to then vote to decide who should be appointed.*

*Role will commence on 1 April 2021*